Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

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| INVOIC | E SUBMI | TTED BY (| COUNCIL | LOR (Please P | rint) LE | TOWA | 215N | 1 |
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| childr | en/sibling | gs who are d | ependent i | upon a Membe | er | | | |
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Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

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| Signature o | f Carer | | | • • • • • • | Date. 6/ | 3/17 | |
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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

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| Signature of | Carer | | | | | D | _{ate.} 6/3 | 17 | ĺ |
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| Please return | this form | to: Democ | ratic Servi | ices, To | own Hall, S SE ONLY | St Ives | Road, Maider | nhead, Ber | rks SL6 IRF |
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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

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| Signature o | of Carer. | | | | | Da | nte G | /3/ | 17 |
| Age of Car | | | | | | | .21 yrs & c | A YOUNG | 7 |
| | r | | | | | | - | | |
| lease return | n this form | n to: Democ | cratic Ser | vices, T | own Hall, | St Ives | Road, Maid | lenhead, Be | erks SL6 1RF |
| Members' Se | ervices: | Total Amou | | | USE ONLY | | T | | |
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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

| INVOICE SUBMITTED BY COUNCILLOR (Please Print) NAME OF CARER SANDAA EARWO'S CATEGORY OF CARE PROVIDED (please tick) Childcare i.e. for children aged 15 or less Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member APPROVED DUTY THAT CARER SERVICE RELATES TO: OCHARIO AND | INVOICE S | SUBMIT | TED BY C | OUNCILL | OR (Ple | ase Print) | , LE | OWALTE | NS | |
|---|----------------------|-------------|---------------|---|-----------------|------------|------------|---|--------------|--------------|
| Childcare i.e. for children aged 15 or less Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member APPROVED DUTY THAT CARER SERVICE RELATES TO: DATE OF CARER SERVICE (DD/MM/YY) \$\frac{1}{2} \trac{1}{2} \trace{1}{2} \t | NAME OF | CARER | SA | u DRA | E | nA | mus. | | | |
| Childcare i.e. for children aged 15 or less Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member APPROVED DUTY THAT CARER SERVICE RELATES TO: DATE OF CARER SERVICE (DD/MM/YY) % III III. PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM. TIME From 1430 To 2230 Total hours 241/2700 (Maximum 4 hours) I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me Signature of Member Date 3 1.7 TO BE COMPLETED BY CARER I declare that I have Signature of Carer Age of Carer (please dex) 10-11 10-20/15 21 yrs & over | CATEGOR | Y OF C | ARE PROV | IDED (ple | ace tick | | | | | |
| APPROVED DUTY THAT CARER SERVICE RELATES TO: DATE OF CARER SERVICE (DD/MM/YY) A III | Childea | are i.e. fo | or children a | ged 15 or l | ess | | | | | |
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| DATE OF CARER SERVICE (DD/MM/YY) S. II. | children | /siblings | who are de | pendent up | on a Mo | ember | J 1 | | | |
| DATE OF CARER SERVICE (DD/MM/YY) S. II. | APPROVE | D DUTY | THATCA | RER SER | VICE R | ELATES | 5 TO:- | | | |
| PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM. TIME From 1530 Total hours 24/2700 (Maximum 4 hours) I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me Signature of Member | DATE OF C | CARER | SERVICE (| DD/MM/Y | Y) | 8/11/ | 16 | • | | |
| From 1430 To 230 Total hours 241/27020 (Maximum 4 hours) I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 16 years of age or over and not an immediate member of my family or person residing with me Signature of Member FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM. RECEIPT ATTACHED (please tick) Yes No TO BE COMPLETED BY CARER I declare that I have Signature of Carer Age of Carer (please tick) Age of Carer (please tick) FOR OFFICE USE ONLY Members' Services: Total Amount Claimed f (100) Authorised for payment Date 6/4/17 | PLEASE N QUALIFYI | OTE, T | HE ALLO | WANCE I DUTY AN | S PAYA D CAN | ABLE F | OR TH | E LENGTH | OF THE | A |
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| TO BE COMPLETED BY CARER I declare that I have Signature of Carer Age of Carer (please dex) 10-17 Portion 18-20y1s Ilease return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF FOR OFFICE USE ONLY Members' Services: Total Amount Claimed f A.O. Authorised for payment Date 6/4/17 | FAILURE T | O PROV | IDE RECE | IPTS MAY | | T IN NO | | MENT OF 1 | THE CLAI | M. |
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| Age of Carer (please tick) 10-17 | I declare that | t I have | | | | ∕e. | | ۵ | 1- 1 | |
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| Authorised for payment Date 6/4/17 | | | | FOR OF | FICE US | | | | | |
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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

| INVOIC | E SUBMI | TTED BY | COUNCILL | OR (Ple | ase Print) | 2 | EO W | ALTE | Y- | |
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| childr | en/sibling | gs who are d | ependent up | on a Me | ember | - Part | | | | |
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| DATE OF | CARER | SERVICE | (DD/MM/Y | Y)! | 3/12/ | 16 | ••••• | | | |
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| enabling n | te to perfictare that ding with | | ed duties as a | a Memb | er of the | Counc not an i | il and that | I have actu nember of | ually paid t my family | the |
| FAILURE | TO PRO | VIDE RECE | IPTS MAY | RESUL | T IN NO | N-PAY | MENT OF | THE CLA | AIM. | |
| RECEIPT | ATTACH | IED (please t | ck) | Yes | | No | | | | |
| | | | | | | | | | | |
| | | T | O BE CO | MPLE | TED B | Y CA | RER | | | |
| I declare th | at I ha | announced Francisco | | tailed a | bove. | | | 580 | | |
| Signature o | of Care | | | | | Da | ite. G | /3/ | 17 | |
| Age of Car | er (please | пск) 10-1 | / | 18-20 | yrs | | .21 yrs & c | ver\ | / | |
| | r | | | | | | | r-r | | |
| lease return | this form | n to: Democ | ratic Service | es Tow | n Hall S | t Ives l | Road Maid | lenhead D | Parka SI 6 | t D E |
| | | | FOR OFF | ICE USE | ONLY | 111031 | Coad, Iviaic | cinicad, D | CIKS SLO | IKF |
| Members' Se | rvices: | | nt Claimed £ | 20 | | | | | | |
| Payroll: | Input by | Authorised 1 | or payment Date: | | sh no | Chris | Date 6/0/ | • | | |
| | Input by | | Date. | Date | ch no. | Chec | ked by: | Date | | |
| | | | | | | | | | | |

Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

| TO BE COM RETED BY COUNCILLOR |
|--|
| INVOICE SUBMITTED BY COUNCILLOR (Please Print). LEV WAZ TEM |
| NAME OF CARER SILLY LEAM MUS |
| CATEGORY OF CARE PROVIDED (please tick) |
| Childcare i.e. for children aged 15 or less |
| Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member |
| APPROVED DUTY THAT CARER SERVICE RELATES TO:- |
| DATE OF CARER SERVICE (DD/MM/YY) 19/12/16 |
| PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE |
| QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A |
| MAXIMUM OF ONE HOUR PER CLAIM. |
| TIME |
| From ISW |
| To 2,50 |
| Total hours 12 mi Tar (Maximum 4 hours) |
| |
| I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the |
| carer. I declare that the <u>carer is 16 years of age or over and not an immediate member of my family or</u> |
| person residing with me |
| Signature of Member Date |
| FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM. |
| RECEIPT ATTACHED (please tick) Yes No |
| |
| TO BE COMPLETED BY CARER |
| I declare that I hav |
| Signature of Carer Date. 6/3 |
| Signature of Carer Age of Carer (plea |

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

| | | | FOR OF | FICE USE | ONLY | | | |
|--------------|-----------|--------------|--------------|----------|-------|------|------------|------|
| Members' Ser | rvices: | Total Amour | nt Claimed £ | 49 | | | | |
| | | Authorised f | or payment | | | | Date 6/0/1 | 1 |
| Payroll: | Input by: | | Date: | Bate | h no. | Chec | ked by: | Date |
| | | | | | | | | |



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

| INVOICE S | SUBMIT | TED BY CO | UNCII | LLOR (P | lease Print). | LE | OWALTE | 25 | |
|---------------|-------------------------------------|-------------------------------|-------------------|----------------------------|---------------|-----------------|---|-------------------------|------------------------------|
| NAME OF | CARER | SAM | DRA | ER | Asmus | | | | |
| CATEGOR | Y OF C | ARE PROVII | DED (p | lease tic | k) | | | | |
| Childea | are i.e. fo | or children ago | ed 15 o | r less | | | | | |
| | | ents on social who are dep | | | | ly pare | nts or disable | d | |
| | | THAT CAR | | | | | E | | |
| DATE OF O | CARER | SERVICE (D | D/MM | /YY) | 31/10/1 | 6 | | | |
| QUALIFY | ING AP | | UTY A | ND CA | | | E LENGTH (AVEL TIME | | |
| TIME | | | | | | | | | |
| From | | 1000 HM | | | | | | | |
| То | | 1200 | | | | | | | |
| Total ho | urs | 3 mil T | RAV. | (Maxin | num 4 hours | s) | | | |
| enabling me | e to perfo are that t ling wi | rm approved | duties | as a Mer of age or a | mber of the | Councinot an in | on carer service il and that I hand that I hand that I hand that I hand the mer | ave actual nber of m | lly paid the ny family or |
| FAILURE T | O PROV | IDE RECEII | PTS MA | AY RES | ULT IN NO | N-PAY | MENT OF TI | HE CLAI | M. |
| RECEIPT A | ATTACH | ED (please ticl | x) | Yes | | No | | | |
| | | | | | | | | | |
| | | TO | BE C | COMPL | LETED B | SY CA | RER | | |
| I declare tha | ıt I | | | | ve. | | 0 / | | 1 2 |
| Signature of | Ca | | | | | Da | te 6/ | 3/ | Z |
| Age of Care | r (p | | | | 5 | | .21yrs & ove | r | •••• |
| Please return | this forn | n to: Democra | | | own Hall, S | St Ives I | Road, Maiden | head, Ber | ks SL6 1RF |
| Members' Ser | vices: | Total Amount | Claimed | 1 £ 4.9 | | | - //h/ | | |
| Payroll: | Input by: | Authorised for | r paymer Date: | | atch no. | Chec | Date 6/4/17 ked by: | Date | |
| | | | | | | | | | |

Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

| INVOICE | SUBMIT | TTED BY C | OUNCII | LLOR (P | lease Print) | L | OWAZ | -TEN | ١ |
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| CATEGO | RY OF C | ARE PROV | IDED (r | olease tic | k) | | | | |
| | | or children a | | | ., | | | | |
| Care fo | or depend | ents on soci s who are de | al/medic | al ground | ds i.e. elderly | pare | nts or disable | d | 1 |
| | | | | | | | | | |
| APPROVE | ED DUTY | Y THAT CA | RER SE | RVICE | RELATES T | Ž:- | ************** | | |
| DATE OF | CARER | SERVICE (| DD/MM | I/YY) | 6/2/ | lγ | ••••• | | |
| PLEASE I | NOTE, T | THE ALLO | WANCI DUTY <i>A</i> | E IS PAY | ABLE FOI | R TH | E LENGTH (AVEL TIME | OF THE | A |
| TIME | | | | | | | | | |
| From | | 1000 | | | | | | | |
| То | | 1200 | | | | | | | |
| Total he | ours | 3 | | (Maxim | um 4 hours) | | | | |
| enabling m carer. I dec person resid Signature o | e to perfolare that the ding with formula of the distribution of t | orm approve the carer is 1 i | d duties 6 years | as a Men of age or | nber of the C | Counci | on carer service it and that I had that I had mediate mediate | ave actual mber of m | lly paid the ny family or |
| | | ED (please ti | | Yes | | No | | IL CLAII | V1. |
| | | | | | | | | | |
| | | | | | ED BY | Z CA | RER | | |
| I declare that | at I h | | | | ove. | | | | |
| Signature o | f Cor | | | | | D- | te 6/3 | /17 | 7 |
| Age of Care | | | | | | Da | .21 yrs & ove | / | .1 |
| | r | | | | | | .21 915 00 0 00 | | |
| Please return | this forn | n to: Democ | ratic Ser | vices, To | own Hall, St | Ives I | Road, Maiden | head, Bei | rks SL6 1RF |
| | | 101 | FOR (| OFFICE U | SE ONLY | | | | |
| Members' Ser | vices: | Total Amount Authorised f | | | | | Date 6/4/17 | | |
| Payroll: | Input by: | | Date: | | atch no. | Chec | ked by: | Date | |



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

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| INVOICE SUBM | ITTED BY CO | UNCILI | LOR (Ple | ease Print |) ~ | 10 | | 12100 | Catalogues of the Cost |
| NAME OF CARE | | ntr | n 67 | RM. | nus | | | | |
| | | | /2.5-10.00 | | | | | | |
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| | idents on social | | | sie eld | erly nare | nte or di | gablad | | - I. |
| children/siblin | gs who are dep | endent u | pon a M | ember | erry pare | ants of th | Sabled | | |
| APPROVED DUT | Y THAT CAR | ER SER | VICE R | ELATE: | S TO:- | • | | | |
| DATE OF CARE | R SERVICE (D | D/MM/Y | YY)! | 6/1/1 | 2 | •••••• | | | |
| PLEASE NOTE, QUALIFYING A MAXIMUM OF | PPROVED DI | UTY AN | ND CAN | ABLE F | OR TH | E LENC AVEL T | GTH O | FTHE UPTO | A |
| TIME | 1.4 | | | | | | | | |
| From | 1000 | | | | | | | | |
| LTo | 110 | | | | | | | | |
| To Total haven | 1230 | | | | | | | | |
| Total hours | 31/2 me T | | | | , | on carer s | service | s for the | nurnose of |
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| I declare that I have enabling me to per carer. I declare that person residing with Signature of Members of Members of Carer Age of Carer (pleasure of Carer (pleasure return this for Members' Services: | e actually and reform approved to the carer is 16 ch notes. DVIDE RECEIP HED (please tick TO Total Amount of Authorised for | recessari duties as years of PTS MAY tic Servi FOR OF Claimed & payment | Y RESUI Y Yes | ed experience of the over and | ON-PAY No St Ives | Date MENT (RER Ate | at I have e mem | e actual ber of m | ly paid the my family or |
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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

| TO BE COMPLETED BY COUNCILLOR |
|--|
| INVOICE SUBMITTED BY COUNCILLOR (Please Print). LEV WM RM NAME OF CARER Smith ERM mus |
| NAME OF CARER Smin ERMS mus |
| CATEGORY OF CARE PROVIDED (please tick) Childcare i.e. for children aged 15 or less |
| |
| Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member |
| APPROVED DUTY THAT CARER SERVICE RELATES TO:- |
| DATE OF CARER SERVICE (DD/MM/YY) 12/12/16 |
| PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE |
| QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A |
| MAXIMUM OF ONE HOUR PER CLAIM. |
| TIME |
| From W vo |
| To 1200 |
| Total hours 3 my TAA (Maximum 4 hours) |
| declare that I have actually and necessarily incurred expenditure on carer services for the purpose of |
| enabling me to perform approved duties as a Member of the Council and that I have actually paid the |
| carer. I declare that the correct is 16 years of one are and not an immediate member of my family or |
| person residing with me |
| Signature of Member Date (2)17 |
| FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM. |
| RECEIPT ATTACHED (please tick) Yes No |
| |
| TO BE COMPLETED BY CARER |
| declare that I have |
| Signature of Carer |
| Age of Carer (pleas |
| -6 |
| |

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

| | | FOR OFF | ICE USE ONLY | | |
|--------------------|-----------|--------------------------|--------------|-------------|------|
| Members' Services: | | Total Amount Claimed £ ! | 1-82 | | |
| | | Authorised for payment | | Date 6/4/ | n |
| Payroll: | Input by: | Date: | Batch no. | Checked by: | Date |
| | | | | | |

Royal Borough of Windsor & Maidenhead

ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

| IN | VOICE | SUBMI | TTED BY C | OUNCII | LLOR | (Please Print) | LE | o WAZ | TEN | β |
|--|--|--|-------------------------------------|------------------|--------|----------------|--|--|------------------------|---------------------------|
| N. | AME OI | CARE | ·S | ant | na | ERMI | ms | | | |
| C | | | CARE PROV | | | tick) | | | | |
| | Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member | | | | | | | | | |
| AI | PPROVI | ED DUT | Y THAT CA | RER SE | RVIC | E RELATES | TO:- ען כא | 001 | | **** |
| DA | ATE OF | CARER | SERVICE (| DD/MM | /YY) | 14/12/1 | 6 | | | |
| PI QI | LEASE I | NOTE, T | THE ALLO | WANCE DUTY A | E IS P | AYABLE FO | OR TH | E LENGTH AVEL TIME | OF THE UP TO | A |
| TI | ME | | | | | | | | | |
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| ena car per Sig | abling mer. I deconomication resident to the contraction of the contra | e to perfolare that ding with f Member | orm approve the carer is 1 1: | d duties 6 vears | as a M | Member of the | Counce Counce of the counce of | on carer service il and that I had mmediate men Date | ave actua mber of n | lly paid the ay family or |
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| I de | clare that | at I have | | | | | | | | |
| _ | | f Carer er (please | | | | | Da | .21 yrs & ove | 3/1 r/ | .7 |
| leas | se return | this form | n to: Democ | ratic Ser | vices, | Town Hall, S | St Ives 1 | Road, Maiden | head, Be | rks SL6 1RF |
| | | | | FOR (| OFFICI | E USE ONLY | | T | | |
| Members' Services: Total Amount Clair Authorised for pay | | | | | | | Date 6/4/1 | 7 | | |
| Payı | roll: | Input by: | | Date: | | eatch no. | Chec | eked by: | Date | |



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

| INVOICE | SUBMI | TTED BY C | OUNCILI | OR (Ple | ase Print). | | | is later with kind of the form | | | |
|--|---|------------------------------|---------------|-------------------|-------------|----------|---|--------------------------------|---|--|--|
| NAME O | | ~1 | ANDO | L/L (| ERK | mus | , | | *************************************** | | |
| | | CARE PROV | | | | | | | | | |
| | Childcare i.e. for children aged 15 or less | | | | | | | | | | |
| Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member | | | | | | | | | | | |
| APPROV | ED DUT | Y THAT CA | RER SER | VICE R | LATES | TO:- | nem ber | BRI | EFING | | |
| DATE OF | CARER | SERVICE (| (DD/MM/Y | YY) | 10/4/ | 16 | ••••• | | | | |
| PLEASE QUALIFY MAXIMU | NOTE, ' 'ING A | THE ALLO | WANCE DUTY AN | IS PAYA ID CAN | ABLE FO | R TH | E LENGTH (AVEL TIME | OF THE UP TO | A | | |
| TIME | | 14.5 | | | | | | | | | |
| From | | 2030 | | | | | | | | | |
| To | | 2020 | | | | | | | | | |
| Total h | ours | 2+1/27 | -AAV (| Maximu | m 4 hours | 3) | | | | | |
| enabling m | e to perf clare that ding with | form approve the carer is | ed duties as | a Memb | per of the | Counc | on carer servic il and that I ha mmediate mer Date | ive actua nber of n | lly paid the ny family or | | |
| FAILURE | TO PRO | VIDE RECE | IPTS MAY | Y RESUL | T IN NO | N-PAY | MENT OF TH | IE CLAI | M. | | |
| RECEIPT | ATTACH | HED (please ti | ck) | Yes | | No | | | | | |
| | | T | O BE CO | MPLE | TED B | Y CA | RER | | | | |
| I declare th | at I have | SI | | | ove. | | | | | | |
| Signature o | | | 1 | . 18-20 | yrs | | te 6/3.21yrs & ove | | | | |
| lease return | this for | m to: Democ | eratic Servi | ces, Tov | n Hall, S | t Ives l | Road, Maiden | head, Be | rks SL6 1RF | | |
| Members' Se | rvices: | Total Amou | | FICE USI | EUNLY | | | | | | |
| | | Authorised f | or payment | | | | Date 6/4/17 | | | | |
| Payroll: | Input by | r: | Date: | Dat | ch no. | Chec | ked by: | Date | | | |
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ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

| INVOICE | E SUBMIT | TTED BY COUNC | CILLOR (P | lease Print) | 15 | 6 WALT | ERS | |
|---|--|---|----------------|------------------------|----------------|-------------------------------|---------------------|----------------------------|
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| CATEGO | ORY OF C | ARE PROVIDED | (please tic | k) | | | | |
| Chile | lcare i.e. fo | or children aged 15 | or less | | | | | |
| | | lents on social/med s who are depende | | | / paren | ts or disable | d | V |
| APPROV | ED DUTY | Y THAT CARERS LNVETTE SERVICE (DD/M | SERVICE | RELATES T | 'O:- S' | luorem | tres Riv | MAW |
| DATEOR | CARER | SERVICE (DD/M | M/YY) | | | | | |
| QUALIF | YING AP | THE ALLOWANG PROVED DUTY ONE HOUR PER | AND CA | YABLE FOI N INCLUDI | R THE E TRA | E LENGTH VEL TIME | OF THE E UP TO A | |
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| enabling n carer. I de person res | ne to perforciare that it is in the distribution of the distributi | actually and neces | es as a Men | nber of the C | Council | l and that I h nmediate me | ave actuall | ly paid the y family or |
| FAILURE | TO PROV | VIDE RECEIPTS I | MAY RESU | JLT IN NON | -PAYI | MENT OF T | HE CLAIN | 1 . |
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| | | TO BE | COMPI | LETED BY | (CA) | RER | | |
| I declare th | nat I have | 1834 - 187 - 182 1834 - 187 - 182 | aile | d above. | | 746 | , | |
| Signature of | of Carer | | and a series 🛊 | | Dat | e 6/3 | 3/1 | 7 |
| • | | tick) 10-1/ | | | | .21 yrs & ove | erV | ···· |
| r | | | | | | | | |
| Please return | n this forn | n to: Democratic S | ervices, T | own Hall, St | Ives R | oad, Maider | head, Berl | ks SL6 1RF |
| Members' So | ervices. | FO: | R OFFICE U | ISE ONLY | T | | | |
| Monitoria 30 | VI VICO3. | Authorised for payn | | | | Date 6/4/17 | Ì | |
| Payroll: | Input by: | | | Batch no. | Check | ced by: | Date | |
| | | | | | | | | |